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Withdrawal
As Attorney
or
Agent

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

Application Number	10/017,287
Filing Date	12/12/2001
First Named Inventor	Michael Black
Group Art Unit	
Examiner Name	
Attorney Docket Number	RLT-III

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Professional Ethics and Conflict of Interest.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

OR

Place Customer Number
Bar Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Maynard A. Howe				
Address	Reliant Technologies, Inc.				
Address	205 South Helix, Suite 72				
City	Solana Beach	State	CA	ZIP	92075
Country	U.S.A.				
Telephone	(858) 794-0901	Fax	(858) 794-6235		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	RON JACOBS
Signature	
Date	7/13/02

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/017,287
Filing Date	12/12/2001
First Named Inventor	Michael Black
Group Art Unit	
Examiner Name	
Attorney Docket Number	RLT-111

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):
Req. for Withdrawal as Attorney or Agent

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Dr. Ron Jacobs, Reg. No. 50,142

Signature

Date

7/3/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 7/3/02

Typed or printed name

Jacqueline Guernsey

Signature

Jacqueline Guernsey

Date

7/3/02

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